

Vermont Emergency Medical Services
108 Cherry St., P.O. Box 70
Burlington, VT 05402
(802) 863-7310 or 1-800-244-0911

Request For EMS Examination

PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM

Exam Logistics

Written Exam: Date _____ Time _____ Location: _____

Practical Exam: Date _____ Time _____ Location: _____

Anticipated number of candidates:

	<u>Initial Exam (1st attempt)</u>		<u>Re-test (2nd or later attempt)</u>		<u>Maximum #</u>
	Written	Practical	Written	Practical	
FRECA (initial & conversion)	_____	_____	_____	_____	_____
ECA85 Recert	_____	_____	_____	_____	_____
FRECA Recert	_____	_____	_____	_____	_____
FR-ECA+4 Conversion	_____	_____	_____	_____	_____
Module # _____	_____	_____	_____	_____	_____

EMT-B (NREMT)	_____	_____	_____	_____	_____
EMT-B Recertification	_____	_____	_____	_____	_____
EMT-I-90 Initial	_____	_____	_____	_____	_____
EMT-I-03 Initial	_____	_____	_____	_____	_____
EMT-I-03 Transition	_____	_____	_____	_____	_____
Combitube®	_____	_____	_____	_____	_____

Number of set-ups of each practical station:

FRECA: 1 _____ 2 _____ 3 _____ 4 _____
EMT-B: 1 _____ 2 _____ 3 _____ 4 _____ 5 (Random) _____
EMT-B Recertification: R1 _____ R2 _____ R3 _____
EMT-I (90, 03 & 03 Trans): 6 _____ 7 _____ 8 _____

Exam Coordinator (Proctor)

Name: _____ ☐ Phone (H) _____

Address _____ ☐ Phone (W) _____

(Check the preferred phone number for listing on the exam schedule.)

I agree to conduct this examination in accordance with the laws, rules and policies (including the Examination Coordinator's Manual as appropriate) of the Vermont Department of Health and the National Registry, as appropriate. If this request is for a First Responder, Modules, Combitube®, or EMT-I-03 Transition exam, I have read and signed the attached security agreement stating that I understand my role and responsibilities as the exam proctor.

Exam Coordinator Signature _____ Date _____

Local Approval

EMS District # _____ requests that the Vermont Department of Health sanction the examination described above. The District Board understands that a district is allowed one examination at the EMT-B level and above with fewer than 25 candidates each fiscal year (July 1 – June 30). This examination (check one) ☐ is ☐ is not such an examination.

☐ District Chair Signature _____ Date _____

☐ District Training Coordinator Signature _____ Date _____

BELOW IS FOR OFFICE USE ONLY

Date received _____ Approved _____ Disapproved _____

VT EMS Signature _____ Staff _____ Course # _____

Request for EMS Examination INSTRUCTIONS

Exam Logistics

Enter the date, starting time and specific location of the written and practical exams, including a room number if applicable. Ordinarily, the written exam takes place first, followed by the practical. If you anticipate a different arrangement, please describe it in the Notes section below.

Anticipated Number of Candidates

Fill in the number of candidates you expect to be testing for each certification level.

FRECA – National Registry First Responder exam, whether for initial certification or as the first step in converting from “old curriculum” ECA to First Responder-ECA or First Responder-ECA Plus 4.

ECA85 – Renewing “Old curriculum” ECA level.

FRECA Recert – Renewing First Responder-ECA certification

FRECA+4 Conversion – Vermont ECA Transition Exam (part of converting from ECA85 to FRECA+4)

FR to EMT-B Modules – Modules for bridging from First Responder-ECA to EMT-Basic

The **Initial Exam** slot is for all persons taking the exam for the first time in this certification cycle.

The **Re-Test** column is to indicate how many people are re-taking the exam as a result of a failure.

In the **Maximum Number** column please enter the number of candidates that your test site can accommodate. VTEMS will use this number to determine whether persons from other districts may take the exam at your test site.

Number of Set-ups of Each Practical Station

Fill in the number of set-ups (not candidates) you expect to have for each practical station, based on the number of candidates and the testing resources you will have available. Station numbers refer to the following skills:

FRECA (Initial & Recert)	1) Trauma	2) CPR	3) Upper Airway	4) Bleeding Control	
EMT-B:	1) Trauma	2) Medical	3) Cardiac Arrest	4) Spinal Immobilization	5) Random
Recert:	1) Trauma	2) Medical	3) Cardiac Arrest		
EMT-I-90 & 03:	6) Pt. Assess	7) Airway	8) IV & Med Admin.		
EMT-I-03 Trans.	6) Altered Mental Status	7) Breathing Difficulty	8) Chest Pain		

Exam Coordinator

Fill in the name and address of the person who will take responsibility for running the exam. Also fill in the coordinator's work and home telephone numbers, checking off the box they would prefer to have listed on the exam schedule. The exam coordinator must sign and date this portion of the application. **For all exams below the EMT-B level, the exam coordinator must provide a street address (not a PO Box), and it must not be an ambulance or first responder service address.**

Local Approval

Your EMS District Board must request that the Vermont Department of Health sanction the exam. Please indicate the district number and whether this exam will be the district's one exam this fiscal year with fewer than 25 candidates. The District Chair or District Training Coordinator must sign and date this portion of the application.

EMS Office Approval

The EMS Office will review this application and fill out the bottom portion. A copy of the application will be sent to the exam coordinator indicating whether or not the exam has been approved.

NOTES: _____

